

## CONSEQUENCES DATA

### *Health*

Prenatal alcohol, tobacco, and drug exposure can cause low birth weight, newborn addiction, serious birth defects, mental retardation, and lifelong impairments. This report includes medical conditions of newborns identified on birth certificates using a check-box system and hospital data on maternal drug exposure using International Classification of Diseases (ICD) coding developed by the World Health Organization. The use of alcohol and harmful drugs by pregnant women is known to be substantially under-reported. Hospital and emergency department data is coded in ICD-9. Some communicable diseases are reportable under Missouri law. Hepatitis-B, hepatitis-C, tuberculosis, and HIV/AIDS are among the communicable diseases sometimes acquired from substance abuse. Alcohol, tobacco, and drug related deaths are attribution estimates derived from mortality data using ICD-10 codes.

Reported substance abuse during pregnancy declined in 2003 [21]. The reported number of mothers of newborns who drank during their pregnancies decreased from 517 in 2002 to 464 in 2003. Studies confirm that alcohol use during pregnancy is under-reported, but the number of documented cases has decreased dramatically since the 1980's. The Division of Alcohol and Drug Abuse admits pregnant women into treatment programs on a priority basis in accordance with federal requirements. Among the 13,301 women served during fiscal year 2004, 407 were pregnant when admitted to treatment [26, 27]. Women who received their substance abuse treatment in CSTAR Women and Children programs had 85 births during treatment, and 83 of these babies were born drug-free. Little progress has been made in recent years in reducing the number of mothers of newborns who smoke cigarettes during their pregnancies. In 2003, 13,895 births to women who smoked were reported, an increase from the 13,607 reported in 2002. However, the rate remained unchanged at 18.1 percent of births [21]. The National Institute on Drug Abuse estimates that 60 percent of Hepatitis C cases have resulted from injection drug use, with many of the exposures originating in earlier years [61]. In 2003, Missouri had 3,071 reported cases of Hepatitis C compared to 1,400 in 2002. Hepatitis B cases increased from 135 in 2002 to 339 in 2003 [23]. Deaths with an underlying cause of drug abuse increased substantially from 454 in 2002 to 561 in 2003. Alcohol related deaths remained virtually unchanged, with 328 estimated for 2003 [14].

### *Crime and Public Safety*

Substance abuse significantly impacts law enforcement and criminal justice systems. More than one-half of the economic costs of substance abuse are related to crime [62]. Victims of violence are more likely to be seriously injured if their perpetrators have consumed alcohol and/or other drugs [75]. Missouri ranked sixteenth among all states in the violent crime rate in 2003 [76]. One-half of the aggressors in domestic violence incidents are believed to be alcohol or drug addicted, and an estimated 80 percent of child abuse cases involve parental substance abuse [64]. Under Missouri law, domestic violence cases are reportable by all police departments to the Highway Patrol. Child abuse and a variety of other offenses involving minors are reported by the juvenile courts. The data include removal of children from their homes resulting from their parents' abuse of alcohol or other drugs [45, 46]. The manufacturing of methamphetamine in the home creates an especially hazardous environment. Confiscated methamphetamine labs, chemicals, and equipment are reported to the Drug Enforcement Administration's El Paso Information Center [35]. Missouri traffic crashes are categorized according to whether they resulted in fatalities, injuries, or property damage and whether there was the presence of conditions that are known to contribute to their occurrence, including alcohol or drug involvement. Arrests for driving under the influence of alcohol or drugs, and arrests for other drug offenses, are included in the data. Reports from the Department of Corrections show that drug offenders and persistent DUI/DWI offenders comprise a large portion of incarcerations and probation/parole cases.

Missouri had 37,430 arrests in 2003 for driving under the influence of alcohol or drugs, compared to 39,932 DWI/DUI arrests in 2002. Overall drug arrests increased from 41,757 in 2002 to 42,839 in 2003, but arrests for manufacturing/sale of drugs decreased from 8,010 to 7,313 [34]. Missouri law enforcement agencies made 2,860 seizures of methamphetamine labs, chemicals, equipment, and dumpsites—the most in the nation [35]. In 2002, 2,749 labs and equipment were confiscated in the state. Alcohol related traffic crashes decreased from 8,478 in 2002 to 8,081 in 2003. Fatal crashes attributed to alcohol intoxication also decreased [37]. The 249 fatal alcohol related crashes in 2003 resulted in 277 deaths [40]. Drug related crashes continued to increase, reaching 925 in 2003 [38]. Thirty-seven deaths were attributed to 32 fatal drug related crashes [41]. Prison admissions for drug offenses increased from 5,861 in fiscal year 2003 to 6,171 in fiscal year 2004. Incarcerations for driving while intoxicated decreased from 1,193 in fiscal year 2003 to 1,106 in fiscal year 2004 [4]. Probation and parole openings for drug offenses increased from 11,996 in fiscal year 2003 to 12,890 in fiscal year 2004, but openings for DWI offenses decreased sharply from 2,703 in fiscal year 2003 to 2,076 in fiscal year 2004 [5].

### ***Causal and Correlate Factors***

Aside from direct consequences, data is also collected on conditions that contribute to substance abuse or that frequently co-occur with substance abuse. These include accessibility of alcohol, tobacco, and illicit drugs; perceptions of harm from their use; school dropouts; unemployment; and poverty. Vocational rehabilitation admissions in this report identify the number of substance abuse treatment clients who also received vocational education and training. The table on page 33 indicates that smaller percentages of Missouri residents perceive great risk in abusing alcohol, tobacco, and marijuana than do individuals nationwide.

## **SUBSTANCE ABUSE AND NEED FOR TREATMENT**

Criteria for identifying substance dependence and abuse are specified in the *Diagnostic and Statistical Manual of Mental Disorders, 4<sup>th</sup> Edition*. Using combined 2002 and 2003 data, the National Survey on Drug Use and Health (NSDUH) indicates that 9.2 percent of the U.S. population and 9.6 percent of the Missouri population age 12 and older are dependent on or have abused alcohol or illicit drugs in the past year. In Missouri, the young adult age group of 18-25 has an abuse/dependency rate of 23.7 percent, compared to 21.4 percent nationally. The survey also finds that 8.8 percent of the U.S. population age 18 and older—and 10.4 percent of the Missouri population in this age group—have a serious mental illness [69]. An estimated one-fifth of individuals with mental illness have a co-occurring substance abuse problem [71].

A Missouri treatment needs assessment completed by Research Triangle Institute (RTI) in 2003 estimated that 491,223 Missouri residents—461,845 adults and 29,378 adolescents—needed treatment due to their substance abuse or dependency [51, 52]. The tables on pages 44-45 provide demographic detail about this population. The RTI study found that thousands more needed some form of less intensive intervention. The estimated number needing treatment comprises 10.5 percent of the Missouri population age 12 and older and is fairly consistent with the 9.6 percent identified with dependence or abuse in the National Survey on Drug Use and Health.